

It is not pretended that this division of social customs into three different kinds is of any great or permanent value, and it is only introduced as an aid to the exposition of the customs of the Andamanese. It will be argued in a later chapter that many of the customs described in the present chapter have a common psychological basis. 000

Of any customs in connection with the birth of children I was able to learn very little, as no births at which I could be present occurred during my stay at the islands. Earlier writers have given very little information on this subject. 844 843 262

During the latter part of the period of pregnancy, and for about a month after the birth of the child, the mother and father must observe certain restrictions. In particular there are certain foods that they may not eat. The statements of different informants on this matter did not quite agree with each other, and it seems that there were slightly different rules in different tribes. According to an *Akar-Bale* informant the man and woman may not eat dugong, honey and yams; they may eat the flesh of small but not of full-grown pigs and turtle. An informant of one of the Northern tribes said that the woman may not eat full-grown pig, *Paradoxurus*, turtle, dugong, the fish *komar*, monitor lizard, honey and yams; her husband may eat these things but must carefully avoid eating certain fishes.

The natives give two different reasons for these rules. One is that if these foods be eaten by the parents the child will be ill. The other is that the parents themselves will be ill. The latter is the explanation most commonly offered.

The baby is named some time before it is born, and from that time the parents are not addressed or spoken of by name. For example, if the name chosen be *Rea*, the father will be spoken of as *Rea aka-mai* (*Rea's father*) instead of by his own name. The mother may be referred to as *Rea it-pet*, from the word *it-pet* meaning "belly." This practice is continued till some weeks after the birth, when the use of the names of the parents is once more resumed. 551 553

In child-birth the woman is assisted by the matrons of the camp. She is seated in her hut in the village on fresh leaves, and a piece of wood is placed at her back for her to lean against. 844

844 Her legs are flexed so that her knees may be clasped by her arms. The only manipulation is pressure exerted on the upper part of the abdomen by one of the attendant women. The umbilical cord is severed with a knife, formerly of cane or bamboo, but in these days of iron. The after-birth is buried in the jungle. The infant is washed and then scraped with a *Cyrena* shell. After a few days he (or she) is given a coating of clay (*odiu*).

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175 If a baby dies and within a year or two the mother again becomes pregnant, it is said that it is the same baby born again, and the name of the deceased child is given to it. Thus one woman had three children of the same name, the first two having died soon after birth. According to the native ideas this was really the same child born three times. It is only those who die in infancy that are thus reincarnated.

843 In the Northern tribes it is believed that a woman can tell the sex of her unborn child. If she feels it on the left side it is a male, because men hold the bow (the typical masculine implement) in the left hand. If she feels it on the right side it is a female, because it is in her right hand that a woman holds her fishing net.

842 A married man who is childless and desires a child will wear a *ēiba* (sling of bark used for carrying children) round his shoulders when he is sitting in camp. The *ēiba* and the way it is used for carrying children may be seen in the photograph in Plate XIV. If a childless woman wishes to have a child she may catch, cook and eat a certain species of small frog.

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175 At a place called *Tonmuket* in the North Andaman there is a spot to which it is said that women may resort if they wish to become pregnant. On the reef at this spot there are a large number of stones which, according to the legend, were once little children. The woman who desires a child walks out on to the reef when the tide is low and stands upon these stones. It is believed that one of the baby souls will enter her body and become incarnate¹.

¹ I could not obtain any definite legend about these stones, but one informant said that when *Biliku* got angry and destroyed the world (see later, Chap. IV) the children all became stones at this place.

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751 averting or curing illness; after recovery, no ceremonies of purification take place.

751 8. With respect to these necklaces of human bones, it should be stated that it is not considered necessary that the bones used for this purpose should have belonged to an adult, those of a child or of one long since dead, are considered equally efficacious; the belief is that they cure diseases, and shield the wearer in some measure from the machinations of evil spirits, through the intervention of the disembodied spirit, who is supposed to be gratified by, and aware of, the respect thus paid to his memory. Loose teeth obtained from human skulls and jaw bones, are sometimes strung together as necklaces, or, if too few for such a purpose, they are included among the pieces of bone which are broken up to form the *chaurga-tá*; turtle bones are also sometimes added under similar circumstances.

9. The skull and jawbone are carried, either separately or together, merely as mementoes, and are not accredited with any peculiar virtues.

843 10. During pregnancy, the women eat in moderation, but delight in as great a variety of food as possible, telling their husbands day by day what to procure for them;¹ they are also in the habit of taking as much active exercise as possible, as they believe it conduces to an easy *accouchement*, and the same reason is given for the custom, common among them, of consuming small quantities of *tá-la-ty*,² from time to time; but this practice may be traced with more probability to the fact that the appetite of persons in an anæmic condition is generally fanciful and depraved, such substances as "lime, chalk, or slate pencil being sometimes greedily devoured by them."

• 844 11. When about to be confined, the custom is for the husband, and some of the woman's female friends, to attend on her; she is placed in a sitting posture, the left leg is stretched out, and the right knee brought up, so as to enable her to clasp it with her arms. Her husband supports her back and presses her as desired, while her female friends hold a leaf screen (*ká-pa-jítnga*) over the lower part of her person, and assist her, to the best of their ability, in the delivery and in the removal of the after-birth; the umbilical cord is severed by means of a *Cyrena* shell (now a steel blade is often used), and when the infant has been washed in cold water, its skin is gently scraped with the shell. Publicity is not courted on these occasions, as has been asserted,³ but all, save those whose services are required, continue their occupations as usual. Soon after the delivery, some warm

¹ Further allusion to this subject will be made under "Tabu."

² Vide Appendix E, No. 58.

³ Vide Moun, p. 294.

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Going a little further into detail, it has been noticed that malarial fevers are commonest in June, at the commencement of the monsoon and during heavy bursts of rain thereafter. Malarial fevers commence as usual in their intermittent form and prove fatal as remittent fever. Other zymotic fevers are uncommon, though the Andamanese will drink the filthiest water.

A short rainfall in the Andamans is usually accompanied by high dry winds and then is the high time of the chest diseases. But though the Andamanese are susceptible to bronchial catarrh, and though chronic bronchitis is common, it is not fatal; pneumonia is however extremely fatal. Pleurisy, hæmoptysis and phthisis are comparatively rare.

Abdominal diseases, though comparatively uncommon, are very fatal, diarrhoea, including probably dysentery, claiming most victims. Dyspepsia and colic are both common. In health the stools are regular, but inclined to looseness. They have been likened to those of the lower mammals when in good health.

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Of other diseases sunstroke is dreaded and always fatal. The brain and spinal cord are not often affected, though curvature of the spine is occasionally seen. Scurvy occurs at the seasons when vegetable diet, i.e., such as fruits and roots afford, is too scanty. Elephantiasis occurs among the Onges, but is limited to the Little Andaman. Chronic muscular rheumatism occurs among the older people, leading to loss and withering of limbs. Ulcers, generally the result of wounds in the jungles, are common and, as with the immigrants, slow to heal. Abscesses are also common. Considering that personal uncleanliness is often extreme, skin diseases are curiously infrequent, except ringworm and exfoliated dermatitis, sometimes leading to destruction of finger and toe nails, due either to scurvy or exposure.

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Excluding malaria, endemic disease has not been recognised among the Andamanese, and the only epidemics that have been known to attack them are imported pneumonia (1868), syphilis (1876), measles (1877), and influenza (1892), in that order: unhappily with disastrous effect. Exposure to the sun and wind in the cleared spaces, the excessive use of tobacco and over-clothing, as results of contact with civilisation, are also said to have undermined their health as a body of human beings. Intoxicants are forbidden to them by local rules and are not easily or commonly procured by them.

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Medicine.—The diseases which the Andamanese distinguish by name are malarial fever, catarrh, coughs and rheumatism. Phthisis and heart disease are recognised, but are spirit caused and so are all internal maladies, which of course are not understood.

Medicine and surgery are almost absent from the Andamanese purview. They will bleed on the forehead for fever and headache and round abscesses to alleviate pain. They scarify for rheumatism and internal pain as a last resort. Red ochre and various herbal concoctions are both swallowed and applied as all-healers, in which they have great faith. Certain leaves are sometimes applied to local affections and beds made of them for the sake of their supposed medicinal odour. Cinctures, sometimes of human bones, are used to alleviate pain, but no other charms are employed. Occasionally the diet is slightly changed to relieve illness and they are quick to avail themselves of the hospital provided for them. They are extremely afraid of European surgery and will tremble violently at the sight of the operating knife. They smear themselves with white clay and water against the heat of the sun and with red ochre and oil after dark as a protection against cold.

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The sick are sympathetically and very kindly, but superstitiously, treated. There are no pregnancy customs and those at childbirth are sensible and without superstition, difficult delivery being practically unknown.

Snakebite is uncommon and seldom fatal. Ligatures above the bite and scarifying are applied, both operations showing observation and common sense. Bites of centipedes, scorpions, leeches and ticks cause little inconvenience to the Andamanese, though very much to immigrants.

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Appearance.—The figures of the men are muscular and well formed and generally pleasing; often a young man is distinctly good looking, for, though there is a tendency to prognathism, it is not commonly pronounced, while a straight and well formed nose and jaw, accompanied by superior intelligence

common in the Andamans, said by RADCLIFFE-BROWN (p. 273) to be eaten by the Andaman Islanders as a protection against rheumatism, is never killed. For some superstitious reason the Onge are simply horrified at the thought of touching such an enormous flying bat. Among the fruits, those of a plant whose wood has such a revolting smell that it is known, in English, as "stool-tree", are believed to have exceptional protective properties for the human body. The fruits themselves smell even worse than the wood, but this, to the Onge, makes them appetizing rather than disgusting. Concerning honey, and the many sugary fruits of the jungle that are available all the year round, the Onge luckily ignore the simple method of distilling alcohol. No intoxicating drink reaches Little Andaman from the outer world, whereas in Great Andaman alcohol, together with imported syphilis, was one of the main causes of depopulation. No syphilis appears as yet to have reached Little Andaman. This is also confirmed by the research carried out by Dr. HERMANN LEHMANN of London's St. Bartholomew's Hospital, during February 1953 in my Onge camp in Labanare (north-east coast of Little Andaman).

II. Effects on the People's Lives

The islanders die young, specially the men. The majority of them succumb before reaching the age of 20; most of the survivors die between 20 and 40; the rest - with a very few exceptions - before 50. Women, after marriage, follow a similar pattern: the death rate among women, however, is slightly different owing to a less corrosive sexual life. Some women may live to the age of sixty, but both sexes age soon, appearing older than their years when still in their twenties. The short Onge span of life recalls conditions which apparently prevailed among prehistoric and protohistoric men. Palaeolithic man died at an earlier age than modern man. The Onge today, in many respects, behaves as palaeolithic man behaved countless centuries ago. - Infant mortality is high; the first five days of life are the most critical for the Onge, owing, in part, to the hard life led by mothers even during pregnancy, which often causes functional damage to the placenta. Delivery is generally easy and traumatic injury rarely occurs; but premature births are common, and so are malformations and other anomalies. Imperfect infants are quickly eliminated by their parents. As a result, only a small number of children are allowed to grow up, but these appear normal. There are no blind and no deaf-and-dumb people in Little Andaman. I saw only two instances of incipient lameness: in an unmarried boy of about twenty and in a young married woman. Only robust infants can survive.

The Onge, so careful about their food, are completely indifferent to something else that is considered very harmful in continental and insular regions close to the Andamans. There, menstruating women are often segregated and considered harmful to the entire community. Not so in Little Andaman, where the remedies applied in the circumstance are extremely primitive (cf. supra) and could probably be traced to palaeolithic man. I saw nothing

841 resembling these practices in any other part of the world. Never hitherto
171 described, they should be carefully considered. This would require a lengthy
description, for which there is no space here. We may recall that menstruating
Onge women are allowed to circulate freely at all times. An interesting detail
[751] is that the *naquinèghè* of first menstruations are worn by relations around their
neck as having health-giving properties. The women, as we know, use special
841 soft, long leaves, collected for them by their husbands, as absorbents. They
[824] are the leaves of *Myristica longifolia* or of *Tretanthera lanceifolia* both species
serving the purpose. They are applied under the *naquinèghè* and drawn back
between the legs to be secured above the buttocks. - Sexual intercourse is
[834] forbidden during the menstrual period even by the Onge: illness - a swelling
[753] of the arms or legs - would follow. A curious theory about the reason for
menstruation in very young girls is that it is a result of previous sexual contacts
stimulated by nose rubbing - the Onge substitute for kissing. They ignore the
892 unhygienic practice of kissing with the lips, and never even kiss their children.
Only nose rubbing is practiced. The anatomical structure of the Onge nose,
which almost totally lacks nasal bones and is very fleshy, may explain this
transference of sensation from nearby regions, j. e. the lips.

• 844 Births take place in the forest and are surrounded by no hygienic pre-
cautions or disinfection as conceived by us. Clay is applied to stem puerperal
bleeding, without provoking infection. The only assistant is the pregnant
woman's husband, and sometimes one or two old women. Their ability equals
that of a herdsman delivering his goat of a kid. No inconvenience arises, in
either instance, from lack of precautions. - The tiny, tender and graceful bodies
[751] of Onge infants are smeared with ochre and light-coloured clay for hygienic
purposes. This is done immediately after birth, and affords some protection
against the teeming legions of mosquitos and ticks that plague Little Andaman.
The infant is never washed in water, not even at the very moment of birth.
The placenta is buried 30 or 40 cms deep, under the bed of naked branches
upon which the mother delivered her baby.

842 An argument that deserves much attention concerns the possible link
143 between lack of hygiene and sterility among the Onge. A vast number of married
couples have no offspring, thereby threatening their group with extinction.
Consanguinity could be given as a cause: let us examine it. No doubt the Onge
are related to each other as a consequence of long interbreeding in their island
with no foreigners admitted. These conditions afford an ideal field for studying
the effects of endogamy on man. Nowhere in the world, as far as I know, are a
people so isolated as in Little Andaman. Inbreeding has existed at 100 % ever
since remote times. In other words, the Onge would seem to be the most highly
inbred human population known up to the present. Could this fact alone, aside
from unhealthy habits, explain their present widespread sterility? Special
174 studies on the subject should be undertaken, keeping in mind that the Onge
have certainly inhabited Little Andaman for thousands of years, on the evi-
dence of my excavations in their kitchen-middens.

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14 to the arid climate) are among the most wrinkled people in the world.

142 At birth, the Onges are tiny, attractive little creatures, very
123 plump, but rarely over two and a half kilograms in males and two kilograms in females. I was very fortunate indeed in that I succeeded in persuading one young couple to let me examine their new-born child. Local superstition forbids a stranger looking on a child for any length of time, and even an Onge who does so is regarded with suspicion, so I had to be extremely cautious.

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844 The infant was born on 30 March 1954, in the forest to the north
846 of Labanar. Like most deliveries, birth took place in the forest on
123 a bed improvised for the purpose, with only the father (on some occasions also the wife's mother) present, and the placenta was buried under the bed. The women recover very quickly;¹ after a few days they are fit for heavy work, returning to the group without any purification ceremonies, and this was no exception. After a wealth of gifts I managed to examine the child on the morning of 31 March and again on 10, 13 and 14 April. After this mother and child vanished completely, and the father would give me only evasive replies, although only a few days before he had been willing to help me open some graves round Tambe-e-buiè, allowing me to remove the bones of nine Onges who had been dead for many years; superstition (or the women) overcame him on this occasion, however.

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My examinations were all carried out in the presence of the mother and at least two of the older women, who were determined to prevent me touching the child.

142 The child, like all Onge babies, had no body hair; this persists throughout life, though some males have sparse moustaches. Its head was covered with a very fine, sparse down, not black like the adults, but already showing signs of the characteristic woolly texture. Dark reddish-brown, the hair becomes black and tightly curled during the first year of life. The eyelashes curl markedly in adults, but the hair of the eyebrows is virtually straight; in the infant the former were barely visible, and the latter completely absent.

The nails were strong and well formed, projecting a little beyond

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¹ Childbirth is normally very easy, but miscarriages are common, probably due to lack of vitality in the foetus.

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the finger-tips and almost pink, with pale chocolate moons and yellowish-brown palms and soles. In the adults the nails and soles of the feet remain pale, the palms being a little darker. The head, and the visible buccal and nasal epithelia, were almost black, and the gums were pink, as was the inside of the lips, with dark petechiae, in adults very noticeable, at the base of the teeth and over the tongue and palate. The cheeks, however, were a reddish-brown, although the whole skin was already showing signs of darkening after twelve hours. Nasal cartilage was minimal, but that of the ears well-developed. The darkest area of skin were the forehead, eye sockets, lids, nipples and genitalia. 142

In general, therefore, the infant's skin was very slightly lighter than that of the adults, though before I could be sure of this I had to wash off the thick layer of ochre which is smeared over the unwashed infants immediately after birth. As the infants are extremely carefully protected from the sun by 'umbrella' hats made of lobed palm leaves, the darkening, which is complete by the end of the first year, is clearly biological and is not effected by tanning. As, however, the Onges interchange or 'adopt' children freely, it was impossible to carry out any proper colorimetric observations. [844] [302] [854] [751]

I saw no albinos in the Onges, usually fairly common in dark-skinned peoples. I saw several in Africa, with apparently normal parents. Some African peoples destroy albinos at birth as they do those with deformities, and the Andamanese may do the same, as I saw little congenital deformity (see, however, p. 46). Fear of being held responsible for disasters which befall the group carries great weight, and it is possible that the two cases of abnormality which I did see did not manifest symptoms at birth. Twins, however, are clearly (and gladly) accepted, so eager are the Onges to have children. [597] [143] [826] [847] [626] [845] [842]

It was already clear in the infant that it would have the somatic characteristics common to all Negritos as regards the proportions of the body, the form and dimensions of the head, absence of prognathism, comparatively fine lips, nose and ears, black skin, and woolly hair, and would be well below 1.5 metres in height when fully grown. Above all, the Andamanese have a large forehead, very wide-angled jaw and large mouths, with the upper lips not invariably full, as in Negroes. Many Onges, in fact, have fine features, 142

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757 To truly primitive peoples like the Onges, European medical practices are fascinating. Men and women will refuse literally nothing once they are convinced of our intention to do them good and cure their ills. Although they have a rudimentary form of medicine, they recognize the superiority of European methods, and medical aid has therefore become our most powerful means of making contact with uncivilized peoples.

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197 While I was busy trying to alleviate their ailments I became aware of the power which 'medicine' has over them, and I was also able to observe their own methods of dealing with their ills. Understandably, disease, death and birth are all attributed to particular supernatural beings, or to the spirits of the dead. They try not to offend these beings, but strive nevertheless, in their own way, at least to cure disease. Once primitive peoples see our methods they respect them, and are eager to be treated; strange though it all seems, they develop a blind faith in the omnipotence of the new ways.

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164 There is little actual disease among the Onges and they have equally few vices. They are still unaware of the existence of alcohol, and have not learned how to ferment sugar substances, such as the honey in which the Little Andaman abounds. Tobacco is a recent introduction, and the Onges at once became wildly addicted to it; the tobacco leaves I had taken with me were in fact my best means of making my way peacefully into the island. A few Onges have acquired a supply of opium from Burmese and Chinese smugglers along the north coast, but instead of smoking it they seem to limit themselves to chewing it mixed with tobacco, and have fortunately no means of replenishing their stock.

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731 Polio, tuberculosis, smallpox and cancer seem unknown, but for some unknown reason the islands have on a number of occasions been struck by disastrous epidemics of measles. These epidemics struck nearly every member of some of the communal huts, judging from survivors' reports, and the sites were afterwards abandoned, leaving the huts to be destroyed by termites.

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164 The census of 1931 includes a personal observation by Portman of congenital syphilis in several Onges. This has since been proved wrong and in 1932 I found only one young man with nasal malformation possibly attributable to the disease, half-moon incisors, and abnormality of the skull and palate. I was not able to find him

APPENDIX

dead were buried securely bound in a knee-to-chest position, still the custom among the Andamanese). The Onges go no further than this and the idea of a Lord of the Spirits who rules all things, although on Great Andaman there has been some progress towards more anthropomorphic concepts. The complete absence of any form of cult, prayer, representation, or votive offering cannot, I feel, be the result of cultural decline from a more advanced age; this would have resulted in gross distortion and illogical superstition, but not in complete absence of any 'religious' practices of any kind.

18 SACRIFICE

No sacrifices of any kind are practised in the Andamans, nor is there any concept of propitiation, although there is evidence that even in the late Palaeolithic era some form of ritual sacrifice was practised; at least in Europe and probably over a much wider area. One would assume from this, and from paragraph 17 above, that the Andamanese is an even older culture.

19 TABOOS

Although my own experiences among the Onges have led me to think that taboos do not exist, some authors have asserted (in my view wrongly) their existence on Great Andaman. It is not, however, possible to draw any reliable conclusions on this point.

20 CEREMONIAL

The complete absence of any form of ritual surrounding birth, the purification of women, initiation, etc., or evidence of any such ritual in the past, is striking, in view of the prevalence in all the surrounding areas of strictly observed ceremonial for many occasions. As in the case of religion, such complete absence can only mean that the Andamanese became isolated before the idea of ritual spread to the area.

21 MEASUREMENT

The Andamanese have no means of counting, and no words to express gradations of time or size; to them everything is either 'small' or 'big'. They take no interest in the passing of years, and have no idea of their own age. To them life is but the passing of the seasons and the harvests of game and fish and fruits that they bring. This utter lack of any sense